

APPROVED	O.G. FIG.	
BY	CLASS	SUBCLASS
DRAFTSMAN		

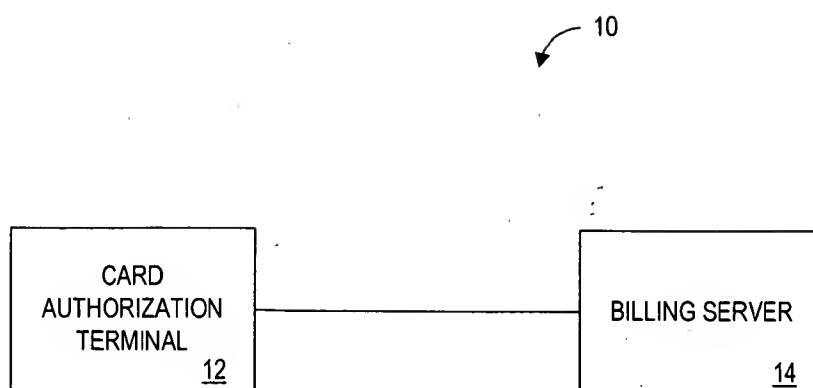


FIG. 1

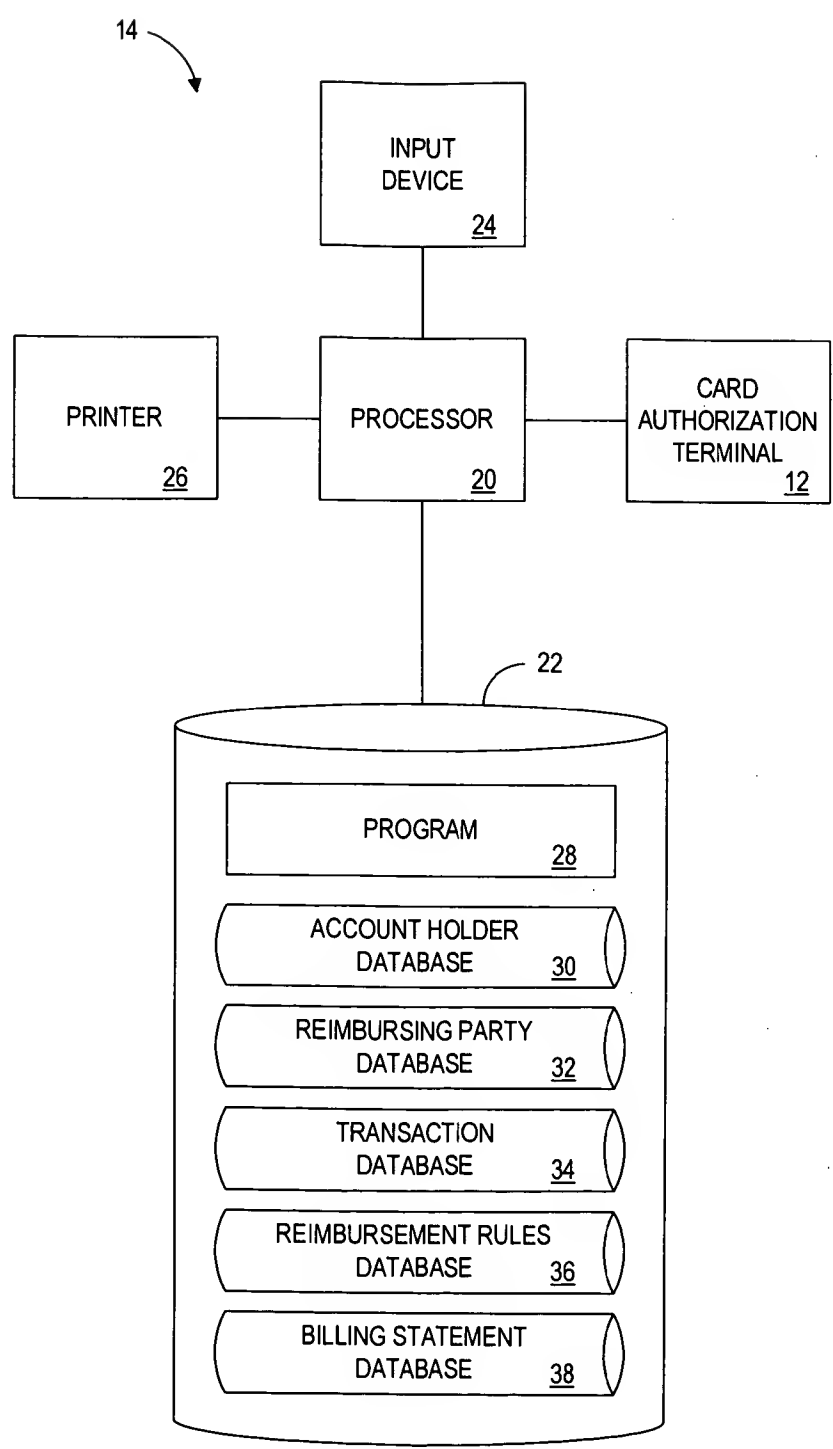


FIG. 2

APPROVED	O.G. FIG.	
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069T90" T34B5060

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ACCOUNT IDENTIFIER 64	ACCOUNT HOLDER NAME 66	ACCOUNT HOLDER BILLING ADDRESS 68	MAXIMUM BALANCE 70	AVAILABLE BALANCE 72
1111-1111-1111-1111	BILL JONES	123 MAIN ST. CITY, STATE	\$5,000	\$4,975
1111-1122-2222-2222	SUE JOHNSON	87 PLACE LANE TOWN, USA	\$7,000	\$3,000
1111-9824-2345-6523	TIM SMITH	18 PLACE RD. TOWN, USA	\$10,000	\$7,500
1111-4397-9371-9571	MARY PARKER	21 STREET TOWN, USA	\$1,000	\$200
1111-9471-3856-1936	SALLY MARTIN	98 AVENUE TOWN, USA	\$4,000	\$1,500
1111-0385-2987-0973	MIKE McDONALD	55 STREET PLACE, USA	\$1,500	\$250

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FIG. 3

DESIGNED BY	O.G. FIG.	
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REIMBURSNG PARTY IDENTIFIER	REIMBURSING PARTY DESCRIPTOR	TOTAL AMOUNT OF PAYMENT DUE
R 729	CORPORATION X	\$180.00
R 730	INSURER Z	\$3,482.00
R 731	GRANDMA JONES	\$15.00
R 732	STOP & SHOP	\$0.00

FIG. 4

069T90" T8486060

APPROVED	O.G. FIG.	
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ACCOUNT IDENTIFIER 1111-1111-1111-1111						102
TRANSACTION IDENTIFIER 110	MERCHANT IDENTIFIER 112	POS IDENTIFIER 114	TRANSACTION DATE 116	TRANSACTION DESCRIPTION 118	TRANSACTION AMOUNT 120	
987654	66666	AB 123	4/7/98	SIC CODE: 5182 RESTAURANT	\$125.00	
123456	55555	CD 234	4/7/98	SIC CODE: MEDICAL CARE PROVIDER	\$150.00	
123795	99999	XY 327	4/7/98	MERCHANT CODE: FOOTLOCKER	\$100.00	

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FIG. 5

869T90" T84B6060

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ACCOUNT IDENTIFIER 1111-1111-1111-1111												132	
REIMBURSING PARTY IDENTIFIER	142	REIMBURSEMENT CONDITION	144	REIMBURSEMENT AMOUNT	146	BILLING DESTINATION	148	TIME TO REIMBURSE	150	ACCOUNT ALIAS	152	ALLOWED FREQUENCY OF TRANSACTIONS	154
R 729		MERCHANT CODE: JOE'S OFFICE SUPPLY		50% OF TRANSACTION UP TO \$80		OFFICEMANAGER@CORPX.COM		60 DAYS		1111-1111-WJONES		ONE TIME ONLY	
R 729		SIC CODE: RESTAURANT		TRANSACTION AMOUNT UP TO \$100		PO BOX 1 CHICAGO, ILLINOIS		30 DAYS		1111-1111-WJONES		TWICE / WEEK	
R 730		SIC CODE: MEDICAL CARE PROVIDER		95% OF TRANSACTION AMOUNT		1 CORPORATE PARK, LOS ANGELES, CA		30 DAYS		1234567890		NO LIMIT	
R 731		ALWAYS		POS CODE 234 (\$10)		1 MAIN ST. BOSTON, MA		30 DAYS		BILLYJONES82		ONE TIME PER CODE	

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FIG. 6

APPROVED	O.G. FIG.	
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TRANSACTION IDENTIFIER 170	TRANSACTION AMOUNT 172	CHARGE AMOUNT 174	PARTY TO CHARGE 176	BILLING DESTINATION 178	PAYMENT STATUS 180
123456	\$150.00	\$142.50	R 730	1 CORPORATE PARK LOS ANGELES, CA	BILLED 4/29/98 PAID 5/13/98
123456	\$150.00	\$7.50	1111-1111-1111-1111	123 MAIN ST. CITY, STATE	BILLED 4/30/98 NOT PAID

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FIG. 7

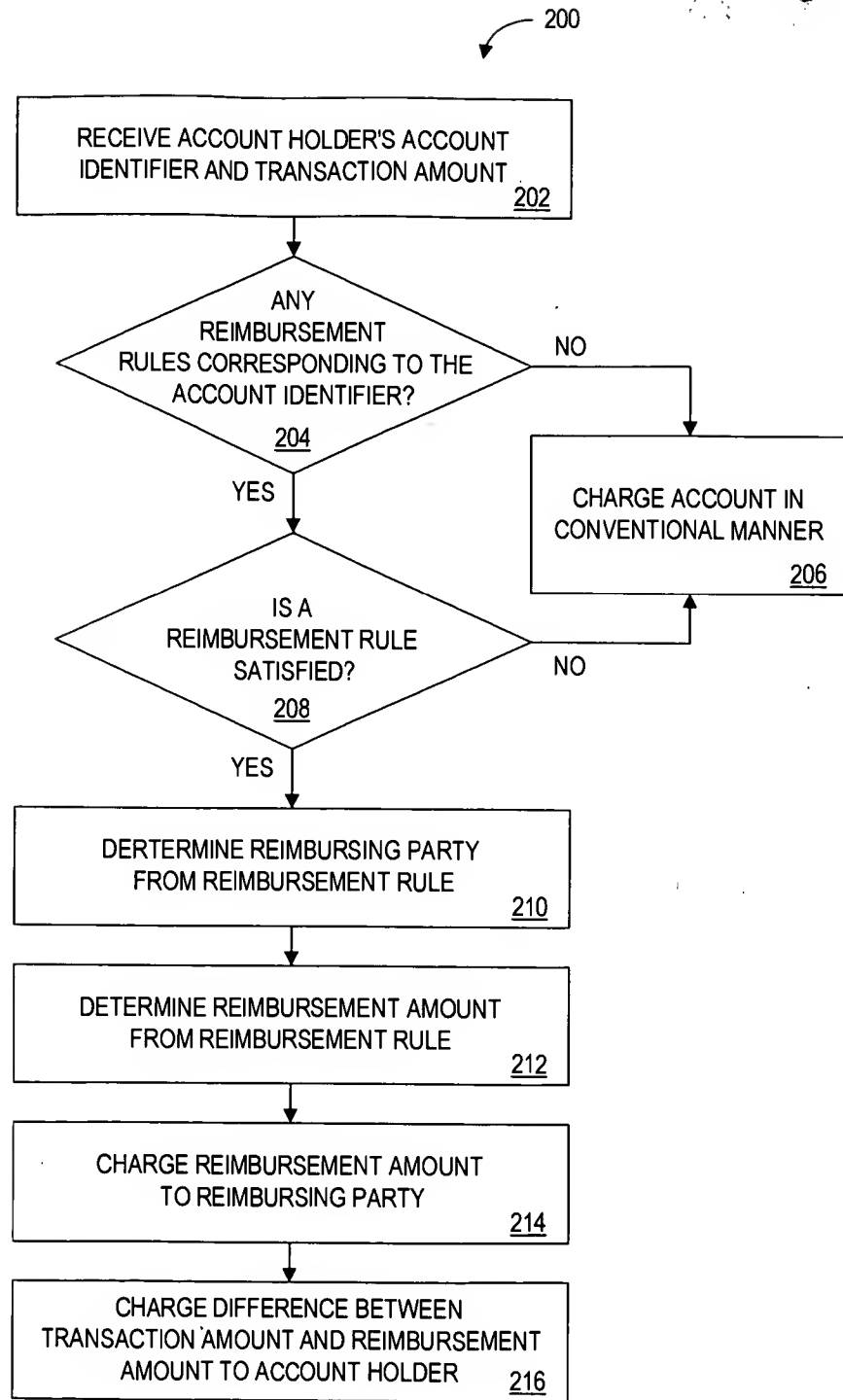


FIG. 8



APPROVED	O.G. FIG.	
BY	CLASS	SUBCLASS
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869T90" T8486060

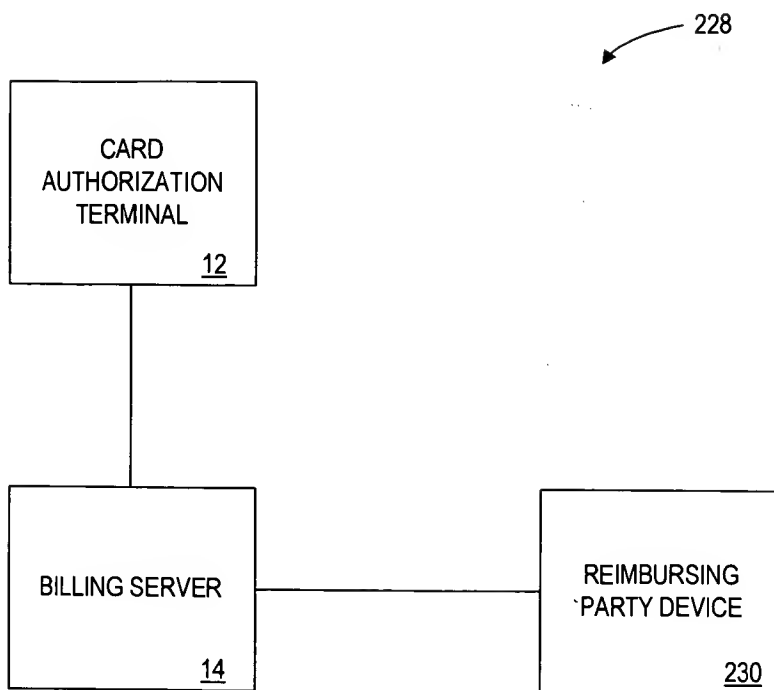


FIG. 9

1365T50" T131135050

APPROVED	O.G. FIG.	
BY	CLASS	SUBCLASS
RAFTSMAN		

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ACCOUNT IDENTIFIER 1111-1111-1111-1111							242
REIMBURSING PARTY IDENTIFIER 252	REIMBURSEMENT CONDITION 254	COMMUNICATION ADDRESS FOR APPROVAL REQUEST 256	REIMBURSEMENT AMOUNT 258	BILLING DESTINATION 260	TIME TO REIMBURSE 262	ACCOUNT ALIAS 264	
R 729	MERCHANT CODE: JOE'S OFFICE SUPPLY	FINANCE@ CORPX.COM	50% OF TRANSACTION UP TO \$80	OFFICEMANAGER@ CORPX.COM	60 DAYS	1111-1111- WJONES	
R 729	SIC CODE: RESTAURANT	203-555-1234	TRANSACTION AMOUNT UP TO \$100	PO BOX 1 CHICAGO, ILLINOIS	30 DAYS	1111-1111- WJONES	
R 730	SIC CODE: MEDICAL CARE PROVIDER	212-555-8888	95% OF TRANSACTION AMOUNT	1 CORPORATE PARK. LOS ANGELES, CA	30 DAYS	1234567890	
R 731	ALWAYS	617-555-8765	POS CODE 234 (\$10)	1 MAIN ST. BOSTON, MA	30 DAYS	BILLYJONES82	

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FIG. 10

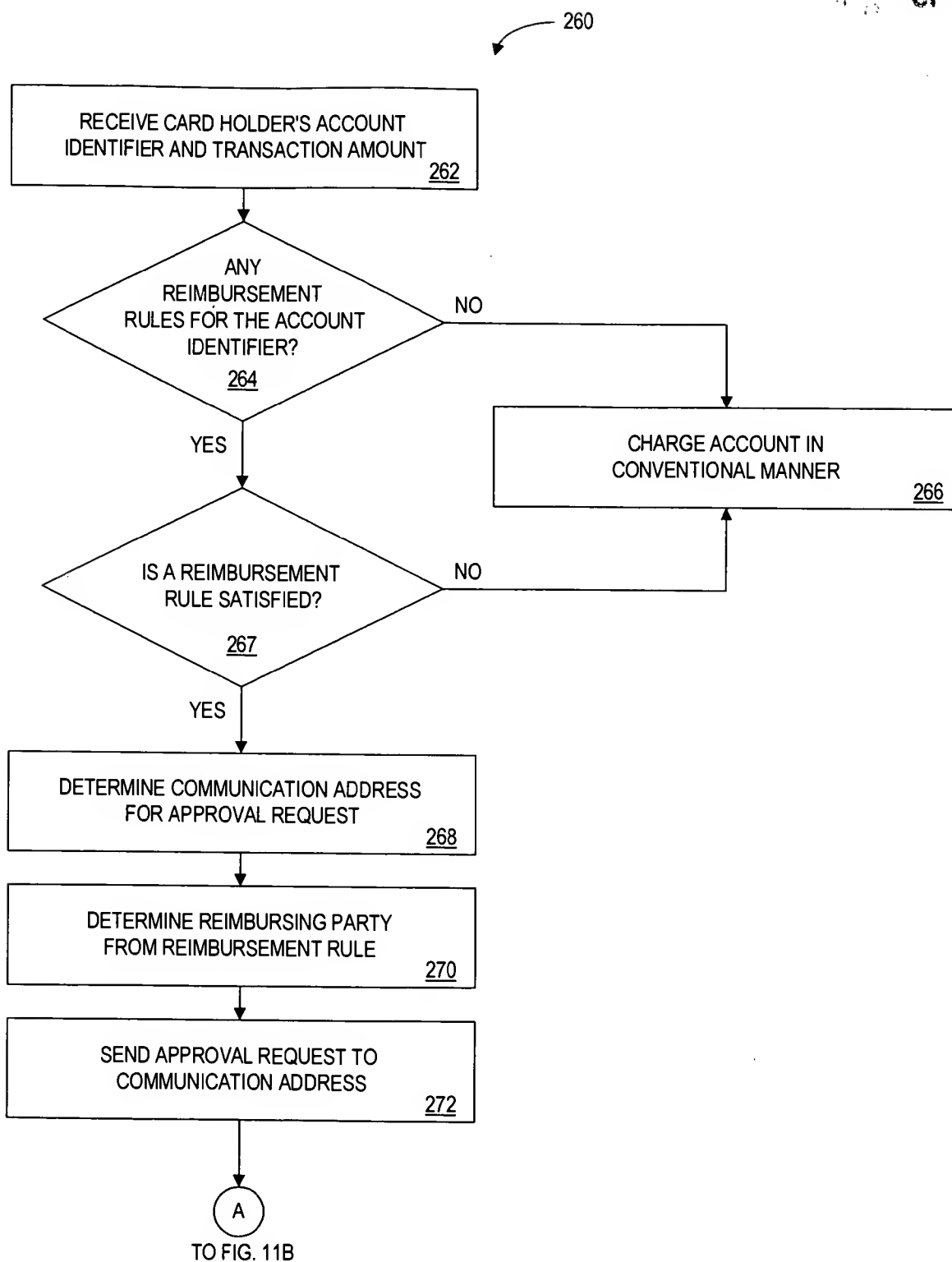


FIG. 11A

FROM FIG. 11A

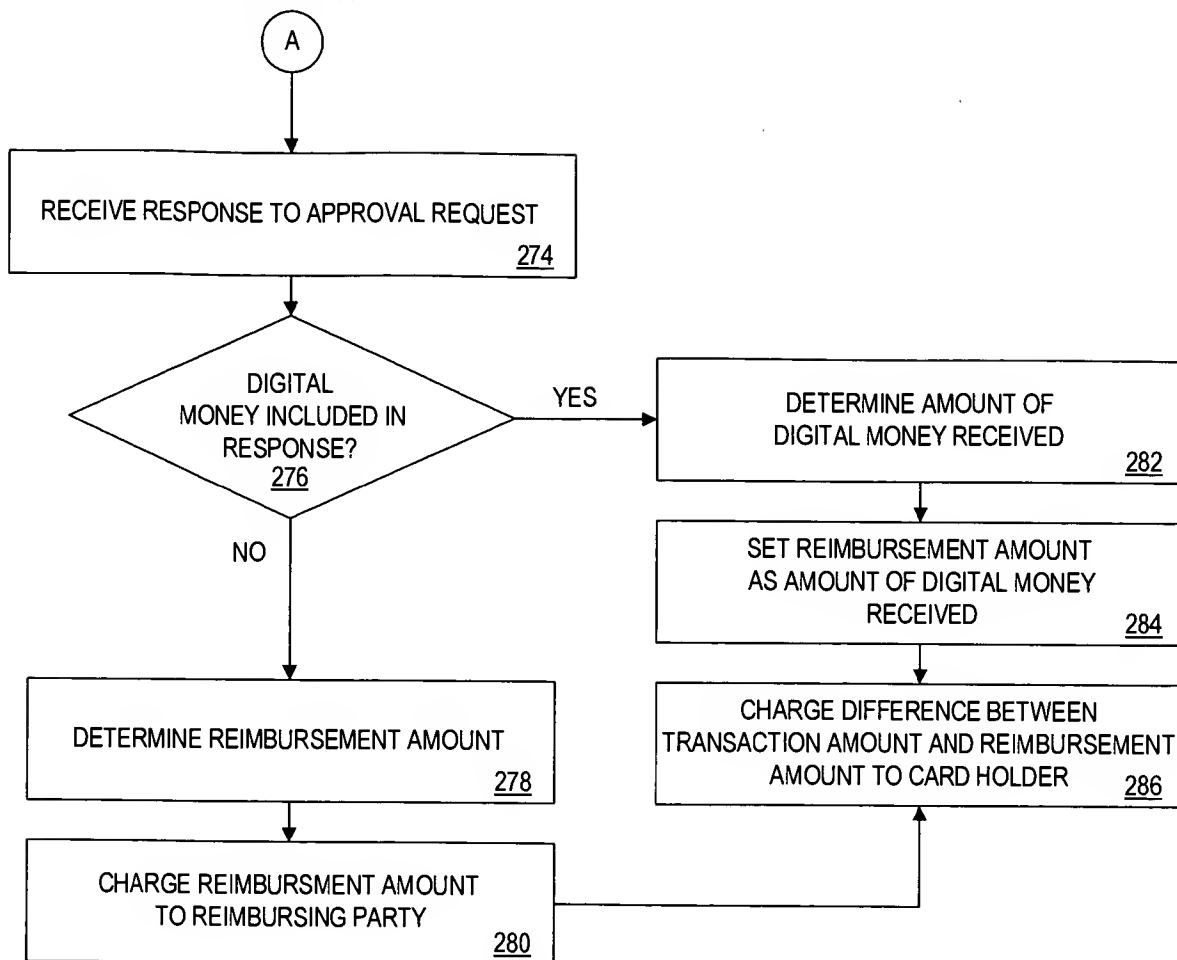


FIG. 11B

APPROVED	D.G. FIG.	
BY	CLASS	SUBCLASS
DRAFTSMAN		

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TRANSACTION IDENTIFIER 170	TRANSACTION AMOUNT 172	CHARGE AMOUNT 174	PARTY TO CHARGE 176	BILLING DESTINATION 178	PAYMENT STATUS 180
987654	\$125.00	\$100.00	R 729	PO BOX 1 CHICAGO, IL	BILLED 5/1/98 NOT PAID
987654	\$125.00	\$25.00	1111-1111-1111-1111	123 MAIN ST. CITY, STATE	BILLED 5/7/98 NOT PAID

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FIG. 12

APPROVED BY	D.G. FIG.	
CLASS	SUBCLASS	
DRAFTSMAN		

969T90" T8486060

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**BIG REGIONAL BANK**

STATEMENT DATE 5/1/98  
PAYMENT DUE 6/6/98

**BILL TO:**  
CORPORATION X  
PO BOX 1  
CHICAGO, IL

ACCOUNT IDENTIFIER	TRANSACTION IDENTIFIER	TRANSACTION DATE	TRANSACTION DESCRIPTION	MERCHANT IDENTIFIER	AMOUNT
1111-1111-WJONES	987654	4/7/98	SIC CODE:5812 RESTAURANT	66666	\$100.00

TOTAL PAYMENT DUE: \$100.00

FIG. 13

669730" FEB 60

DESIGNED	O.G. FIG.	
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**BIG REGIONAL BANK**

STATEMENT DATE 5/7/98  
PAYMENT DUE 5/29/98  
ACCOUNT NUMBER 1111-1111-1111-1111

321

BILL TO:  
BILL JONES  
123 MAIN ST.  
CITY, STATE

332

TRANSACTION IDENTIFIER	TRANSACTION DATE	TRANSACTION DESCRIPTION	MERCHANT IDENTIFIER	TRANSACTION AMOUNT	AMOUNT
987654	4/7/98	SIC CODE:5812 RESTAURANT	66666	\$125.00	\$25.00
TOTAL PAYMENT DUE: \$25.00					

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FIG. 14

BY	O.G. FIG.	
DRAFTSMAN	CLASS	SUBCLASS

350

ACCOUNT IDENTIFIER 352	ACCOUNT ALIAS 354
1111-1111-1111-1111	1111-1111-BCDE-EFGH
1111-1122-2222-2222	1111-1122-ABCD-EFGH
1111-9824-2345-6523	1111-9824-8549-ASIB
1111-4397-9371-9571	1111-4397-AGUZ-YEPT

FIG. 15



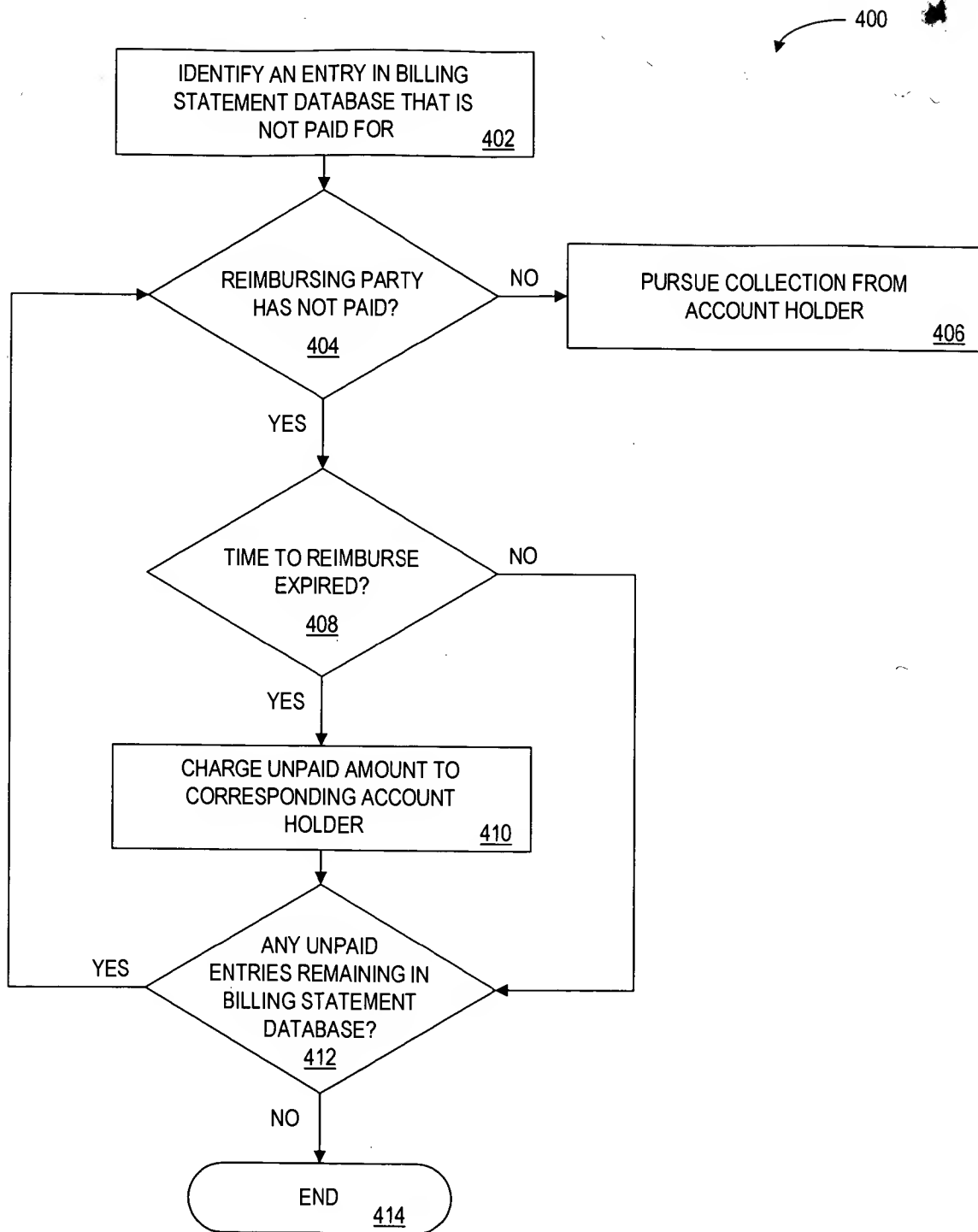


FIG. 16